

# CLIENT GRIEVANCE FORM

As an individual being supervised by Community Corrections, you have the right to file a formal grievance with the Director if all informal options have been exhausted, **and** you still feel the matter is unresolved. If requested, the Director may interview you. If you need assistance in writing your appeal/grievance, the staff will assist you.

In all cases, the decision of the Director will be final.

Client's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of person/s whom you are filing this grievance against:

\_\_\_\_\_

Name of witnesses who observed or have first-hand knowledge concerning this grievance:

Witness Name: \_\_\_\_\_

Witness Phone: \_\_\_\_\_

In your own words, please explain in detail why you are filing this grievance, and how it has affected your probation:

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I hereby certify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Witness Date